



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 C.F.R. 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

### Complete if Known

Application Number	09/940,529
Filing Date	August 29, 2001
First Named Inventor	TAKAYUKI OGASAHARA ET AL.
Examiner Name	Twyler M. Lamb
Art Unit	2622
Attorney Docket No.	01272.020470

### METHOD OF PAYMENT (check all that apply)

- Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_
- Deposit Account    Deposit Account Number: 06-1205    Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- |                                     |   |                                     |  |
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| <input type="checkbox"/>            | Charge fee(s) indicated below   | <input type="checkbox"/>            | Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> | Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 | <input checked="" type="checkbox"/> | Credit any overpayments                                  |

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>
Fee (\$)

<u>Fee (\$)</u>
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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##### Total Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

##### Multiple Dependent Claims

$$30 - 20 \text{ or HP} = 0 \times 0 = 0$$

HP = highest number of total claims paid for, if greater than 20

$$\text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$0 \quad 0$$

##### Indep. Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

$$12 - 3 \text{ or HP} = 0 \times 0 = 0$$

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____ = _____		

#### 4. OTHER FEE(S)

Non-English Specification,    \$130 fee (no small entity discount)

Other: \_\_\_\_\_

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl		Date: March 3, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.